

HOUSE BILL 1840  
By Phelan

AN ACT to amend Tennessee Code Annotated, Title 56 and Title 63, relative to reporting by insurance companies and public access to certain data.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 56, Chapter 2, is amended by adding the following new section to be appropriately designated:

Section \_\_\_\_.

(a) Every entity authorized under this title to write professional liability insurance on physicians shall report to the commissioner, with regard to actions against insured physicians, each malpractice judgment and each malpractice arbitration award in which payment is made.

(b) The reports required by this section shall be submitted within thirty (30) days of payment by the regulated entity, and the report shall state the name of the physician against whom a judgment or an award was made and the amount of payment required as a result of the judgment or award.

(c) The information reported to the commissioner pursuant to this section shall be provided to the board of medical examiners monthly.

(d) As used in this section, the term "physician" means a person licensed to practice medicine pursuant to Tennessee Code Annotated, Sections 63-6-201, et seq.

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SECTION 2. Tennessee Code Annotated, Title 63, Chapter 6, Part 1, is amended by adding the following new section to be appropriately designated:

Section \_\_\_\_.

(a) The board shall develop and implement with respect to each person licensed under this part information in a format appropriate for inclusion in Tennessee's home page on the Internet, such information to contain the following items:

(1) the description of any criminal convictions for felonies and serious misdemeanors as determined by the board, within the most recent ten (10) years;

(2) a description of any final board disciplinary actions within the most recent ten (10) years;

(3) a description of any final disciplinary actions by licensing boards in other states within the most recent ten (10) years;

(4) a description of revocation or voluntary restriction of hospital privileges for reasons related to competence or character that have been taken by the hospital's governing body or any other official of the hospital after procedural due process has been afforded, or the resignation from or nonrenewal of medical staff membership or the restriction of privileges at a hospital taken in lieu of or in settlement of a pending disciplinary case related to competence or character in that hospital. Only cases which have occurred within the most recent ten (10) years shall be disclosed by the board to the public;

(5) all medical malpractice court judgments and all medical malpractice arbitration awards in which a payment is awarded to a complaining party during the most recent ten (10) years.

(b) The board shall require annual reports of each licensee of information necessary to compile the information required by this section. A physician who files a false report or a report that omits material information shall have that physician's license suspended or revoked.

(c) The board, in carrying out the requirements of this section, shall utilize the information provided pursuant to Section 1 of this act.

(d) The cost incurred by the board in implementing the requirements of this act shall be recovered from adjustments to the license fees imposed pursuant to Title 63, Chapter 2.

SECTION 3. Cost of developing and maintaining this information shall be assessed pro rata to licensing fees.

SECTION 4. For purposes of promulgating rules, this act shall take effect upon becoming a law, the public welfare requiring it. For all other purposes, this act shall take effect January 1, 1998, the public welfare requiring it.